

CHECK CANCELLATION INPUT FORM						
AGENCY NAME:				AGENCY NUMBER:		
ACCOUNTING PERIOD:				BANK CODE:		
CANCEL TYPE 1 - VOID AND REISSUE						
VENDOR CODE	EFT IND	CHECK NUMBER	MW NUMBER	CASH ACCOUNT	CHECK DATE	CHECK AMOUNT
REASON FOR CANCELLATION:						
CANCEL TYPE 3 - VOID DO NOT REISSUE						
VENDOR CODE	EFT IND	CHECK NUMBER	REVENUE CODE	CASH ACCOUNT	J1 NUMBER	CHECK AMOUNT
REASON FOR CANCELLATION:						

PREPARED BY: _____

APPROVED BY: _____

DATE: _____

DATE: _____

PHONE NUMBER: _____

PHONE NUMBER: _____